

REMARKS

Claims 1-20 are pending in this application with claims 8-11 being withdrawn from consideration. Claim 12 has been amended to further clarify the present invention. Applicant respectfully submits that no new matter has been added by the amendment. Support for the amendment can be found throughout the specification, and specifically on page 10, lines 21-26.

The Office Action indicates that the Information Disclosure Statement filed 11/05/01 fails to comply with 37 CFR 1.98(a)(2) and 37 CFR 1.98(b)(5). Attached please find a substitute Information Disclosure Statement and copies of the cited documents. It is respectfully submitted that the attached Information Disclosure Statement complies with 37 CFR 1.98(a)(2) and (b)(5). It is thus respectfully requested that the cited documents be considered by the Examiner.

Rejection of Claims 12-16 under 35 U.S.C. 102(b)

Claims 12-16 are rejected under 35 U.S.C. 102(b) as being anticipated by Myers et al. (U.S. Patent No. 5,832,450). These claims, as amended, are deemed to be patentable for the reasons given below.

The present claimed invention as recited in amended claim 12 describes a network compatible user interface system supporting navigation through patient medical information. The system includes a communication processor for acquiring patient medical information for storage in a database. A menu generator generates a menu displaying a list of fields prompting user entry and selection of at least one field to be searched. Each field identifies a group of patients and is associated by a respective group identifier. A search engine searches the database of acquired medical information to identify patients associated with the group identifier indicated by search criteria determined by user selection of the field and entry of a text string. A display navigation

processor automatically displays different medical information for the identified patients identified to be associated with the group identified by the selected field in response to user navigation between different applications. These features are neither shown nor suggested in Myers et al.

Myers et al. describe an electronic medical record system. The system stores data regarding patient encounters arising from a content generator in freeform text. A header for each encounter record also uses text to store context information for each encounter record. However, Myers et al. neither disclose nor suggest “a menu generator for generating a menu prompting user entry and selection of at least one field to be searched, each field identifying a group of patients and indicated by a unique group identifier” as in the present claimed invention. Contrary to the assertions made in the Rejection, col. 4, lines 4-16 of Meyers et al. describe software for entering data resulting from provider/patient encounters. Myers et al. is not concerned with prompting a user to enter and select a field identifying a group of patients as in the present invention. Meyers et al. are not concerned with the tracking of medical patients through multiple care units and the obtaining of data associated with those patients as they navigate through the multiple care units as in the present invention. Meyers et al. are concerned with indexing, storing and retrieving medical records obtained from numerous different sources and combining unstructured medical information with highly structured data storage. Meyers et al. therefore neither disclose nor suggest “generating a menu prompting user entry and selection of at least one field to be searched, each field identifying a group of patients and indicated by a unique group identifier” as in the present claimed invention.

In addition, contrary to the assertion made in the Office Action, Column 4, lines 18-24; Column 5, lines 44-55 and Column 7, lines 18-30 of Myers et al. neither disclose nor suggest “a search engine for searching said database of acquired medical information to identify patients associated with the group identifier indicated by search criteria determined by user selection of said field and entry of a text string” as in the present claimed invention. Rather Col. 4, lines 18-24 of Myers et al. describe an interface for the

display, sorting, manipulation and analysis of a patient medical record. This is unlike the present claimed invention and is unrelated to “searching said database of acquired medical information to identify patients associated with the group identifier indicated by search criteria determined by user selection of said field and entry of a text string” as in the present claimed invention. Additionally, contrary to the contentions made in the Office Action, Column 5, lines 44-55 of Myers et al. cited in the Office Action merely discuss that the Myers et al. system is a unique text based system that is able to “reconcile provider’s desires for maintaining a format of unstructured medical information with database requirements for highly structured data storage.” This passage also neither disclose nor suggest “a search engine for searching said database of acquired medical information to identify patients associated with the group identifier indicated by search criteria determined by user selection of said field and entry of a text string” as in the present claimed invention.

While the cited Column 7, lines 18-30 of Myers et al. describe identification and classification of words, this differs from the present claimed invention. Myers et al. describe the use of “tokenization,” which is a parser to identify and classify key words. “Any object in the text database, which would include words, groups of words, sentences and paragraphs, may be treated as objects. Text input into the database may be parsed in relation to a desired dictionary. Parsing will tokenize words in the text according to the dictionary (or dictionaries)” (Col. 6, lines 37-42). The patient’s chart or group of patients’ charts may be searched for a certain classification. In addition, the system of Myers et al. permits a link from the classification of medications, for example, to a drug manual including the medication to enhance the physician’s knowledge. The present claimed invention does not employ tokenization. The present claimed invention provides a “menu prompting user entry and selection of at least one field to be searched, each field identifying a group of patients, said group of patients being associated with a respective group identifier.” The user enters a text string in the desired preset field box and the search engine searches that field in every patient record to determine the existence of the desired text string. Unlike the present claimed invention, Myers et al. neither disclose nor suggest

“a search engine for searching said database of acquired medical information to identify patients associated with the group identifier indicated by search criteria determined by user selection of said field and entry of a text string. Myers et al. also neither disclose, suggest, show nor contemplate use of a “patient group identifier” as in the present claimed invention at all.

Concerning the rejection of claim 16, the applicant also further respectfully disagrees with the contention in the Office Action that “said prompting menu further includes a selectable customization field responsive to a user command for generating a query based on said user-entered text string for subsequent execution without user re-entry of said text string” has been disclosed by Myers et al. The searching medical records using Boolean searches as in Col. 5, lines 17-19 of Myers et al. is not the same as the generation of “a query based on said user-entered text string for subsequent execution without user re-entry of said text string” as in the present claimed invention. Additionally, having the provider request additional searching of patient records when there is a “mismatch between headers of retrieved encounter records and headers from master catalogue” as in Col. 10, lines 1-57 of Myers et al. also differs from the generation of a query as in the present claimed invention.

Claim 16 of the present claimed invention provides that a user can specify certain criteria to look in a particular field, store the “customized” query, and retrieve and execute the “customized” query when desired. For example, the user can enter “Smith” in the “Physician” field and select the “customize” function. When the user subsequently logs in and selects the “customize” feature, this customized query is invoked.

This would enable Dr. Smith, for example, to obtain a list of her patients every time she logs into the system (Specification page 18, lines 1-12). Therefore, Myers et al., neither disclose nor suggest “said prompting menu further includes a selectable customization field responsive to a user command for generating a query based on said

user-entered text string for subsequent execution without user re-entry of said text string” as claimed in claim 16.

In view of the above remarks and amendments to the claims, it is respectfully submitted that there is no 35 USC 112 enabling disclosure in Myers et al. that makes the present claimed invention unpatentable. Thus, in view of the above remarks, it is respectfully submitted that claim 12 is not anticipated by Myers et al. As claims 13-16 are dependent on claim 12, it is respectfully submitted that these claims are also not anticipated by Myers et al. It is thus further respectfully submitted that this rejection is satisfied and should be withdrawn.

Rejection of Claims 1-7 and 17-20 under 35 U.S.C. 103(a)

Claims 1-7 and 17-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Myers et al. (U.S. Patent No. 5,832,450) and Strum et al. (U.S. Patent No. 5,842,173). These claims are considered patentable for the following reasons.

The present claimed invention describes a network user interface system supporting navigation through patient medical information. The system includes a communication processor for acquiring a patient group identifier. The patient group identifier is allocated to a grouping of patients. The communication processor also acquires medical information associated with the patients. A display generator generates a composite display window incorporating a first window including the patient group identifier and a list of patients in the grouping. The composite display window also incorporates a second window for displaying different medical information corresponding to different medical applications. The different medical information is associated with patients in the grouping of patients. A display navigation processor maintains the first window display while displaying different medical information in the second window in response to user navigation between the different applications. Similar limitations to those discussed above are included in independent claims 1 and 17.

As discussed above, Myers et al. describe an electronic medical record system. The system stores data regarding patient encounters arising from a content generator in freeform text. A header for each encounter record also uses text to store context information for each encounter record. The Office Action concedes that Myers et al. differs from the present claimed invention in that Myers et al. is not directed towards groupings of patients and “does not teach group identifier and displaying group identifier.”

Strum et al. disclose a computer-based surgical services management system for communicating between sites of a surgical services facility. The system includes a computer workstation located at each side of the facility, a server in network communication with each workstation, and a database resident on the network, which retains patient-specific data. However, contrary to the assertion made in the rejection, Strum et al., similarly to Myers et al., neither disclose nor suggest “acquiring a patient group identifier allocated to a grouping of patients and for acquiring medical information associated with said patients” as in the present claimed invention. Specifically, Figure 6 of Strum et al. merely shows a display of the names and numbers of all people responsible for patient care in the surgical ICU. This list is created as patients are transferred to this unit of the medical center. “All information about a patient is contained in a patient_instance. As the patient moves from location to location, a time stamp and the appropriate information related to the care of the patient is saved in appropriate slots of the patient_instance” (see column 11, lines 35-40). “As the patient progresses through the surgical services flow, patient-specific data can be edited at each site while the patient remains at that location. Accordingly, while the patient is in ORT11, patient data can be viewed and edited at workstation OR CPU 12.” (see Column 7, lines 29-33). Data concerning the patient thus follows the patient through the medical facility and is viewable and editable at workstations at the current location of the patient. The cited Figure 6 of Strum et al. only shows a list of the patients currently within the surgical ICU. Strum et al., similarly to Meyers et al., neither disclose nor suggest “acquiring a patient group identifier allocated to a grouping of patients and for acquiring medical information associated with said patients”

as in the present claimed invention. Strum et al. is concerned with following the movement of individual patients while the present invention is concerned with determining the current location of the patient. Thus, Strum et al. is concerned with a completely different problem than the present claimed invention and has no reason to provide a group identifier to determine the current position of the patient.

Strum et al., similarly to Meyers et al., neither disclose nor suggest a “acquiring a patient group identifier” but rather just provide a list of people who are responsible for patients in a ready made group – the surgical ICU as well as provide a list of all patients currently in a particular unit at the workstation within that particular unit. In fact, the purpose of Strum et al. was to provide a surgical services management system. As such, the patient-specific database contains “classes for patients, locations, resources, surgeons and anesthesiologists” (Col. 3, line 67-Col. 4, line 1). STRUM, with Meyers et al., does not disclose, suggest, show or contemplate use of a “patient group identifier” as in the present claimed invention at all.

The present claimed invention, on the other hand, acquires “a patient group identifier” for determining the patients located in particular care units at a particular time. Strum et al., with Meyers, does not disclose or suggest “acquiring a patient group identifier allocated to a grouping of patients and for acquiring medical information associated with said patients” as in the present claimed invention.

It is also further respectfully submitted that there is no reason or motivation to combine Myers et al. with Strum et al. Myers et al. are concerned with a text based system that is able to “reconcile provider’s desires for maintaining a format of unstructured medical information with database requirements for highly structured data storage. Strum et al. describe a computer-based surgical services management system in which patient data is able to follow a patient around a medical facility allowing editing of data by personnel at locations while the patient remains at that site. Myers et al. and Strum et al. relate to different clinical components of the health care system and thus it is respectfully

submitted that the combination of these references to produce the present claimed invention would not be obvious. Myers et al. deals with the medical component of the health care system and gathering information from numerous different provider-patient encounters. Strum et al., on the other hand, deals with the surgical component of the health care system and managing the surgical facility.

However, even if there was reason or motivation to combine these two references, the combination of the system of Myers et al. with the system of Strum et al. as suggested in the Rejection would not result in the present claimed invention. This combination would result in a surgical management system that stores data regarding patient encounters and is selectively editable at the current location of a patient as the patient navigates through a medical facility. The combination of Myers et al. and Strum et al. neither disclose nor suggest “a communication processor for acquiring a patient group identifier allocated to a grouping of patients and for acquiring medical information associated with said patients” as in the present claimed invention. Additionally, this combination neither discloses or suggests “a display generator for generating a composite display window incorporating a first window including said patient group identifier and a list of patients in said grouping; and a second window for displaying different medical information corresponding to different medical applications, said different medical information being associated with patients in said grouping of patients” as in the present claimed invention. Furthermore, this combination neither discloses nor suggests “a display navigation processor for maintaining said first window display while displaying different medical information in said second window in response to user navigation between said different applications” as in the present claimed invention.

In view of the above remarks, it is respectfully submitted that there is no 35 USC 112 enabling disclosure in either Myers et al. or Strum et al., when taken alone or in combination, that makes the present claimed invention unpatentable. As independent claims 1 and 17 each include limitations similar to those discussed above, all arguments presented above are applicable to each of these claims. Thus, in view of the above

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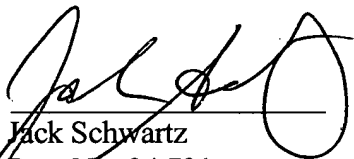
Attorney Docket No. 00P9139US01

remarks, it is respectfully submitted that claims 1 and 17 are patentable over Myers et al. and Strum et al. As claims 2-7 and 18-20 are dependent on claims 1 and 17 respectively, it is also respectfully submitted that these claims are also patentable over Myers et al. and Strum et al. Consequently, withdrawal of the Rejection of Claims 1-7 and 17-20 under 35 USC 103(a) is respectfully requested.

Having fully addressed the Examiner's rejections, it is believed that, in view of the preceding amendments and remarks, this application stands in condition for allowance. Accordingly then, reconsideration and allowance are respectfully solicited. If, however, the Examiner is of the opinion that such action cannot be taken, the Examiner is invited to contact the applicant's attorney at the phone number below, so that a mutually convenient date and time for a telephonic interview may be scheduled.

No additional fee is believed due. However, if an additional fee is due, please charge the additional fee to Deposit Account 50-2828.

Respectfully submitted,
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August 8, 2005